

Protective Insurance Company  
1099 North Meridian Street

Indianapolis, Indiana 46204

(317) 636-9800 Ext. 254

Date Issued: 08/28/03

Page: 1

SEQ# 00003605

00043108-001

## CERTIFICATE OF INSURANCE

This Certificate issued to:

USDOE% OAK RIDGE NATIONAL LABORATORY  
NATIONAL TRANSPORTATION RESEARCH CENTER

Attn: MIKE MORAN  
2360 CHERAHALA BLVD.  
KNOXVILLE, TN 37931

Certifies placement of insurance coverage for the account of

OLD DOMINION FREIGHT LINE, INC.

500 OLD DOMINION WAY

THOMASVILLE, NC 27360

With the following insurers, individually and not jointly, providing insurance as listed:

Protective Insurance Company Policies: X 001245

For the following coverages:

~~Automobile/General Liability including Personal Injury and Property Damage~~

~~Physical Damage - Comprehensive Collision~~

Employers Liability

For limits of \$5,000,000 combined single limit any one occurrence.

Effective: March 30, 2003

Expiration: continuous until cancelled

to advise the certificate  
in 30 (Thirty) days

In the event of policy cancellation or material change, every reasonable effort will be made by the insurer to advise the policyholder named hereon, at the address indicated, of such cancellation or material change within 30 days of the date of such cancellation or material change.

Signed at Indianapolis, Indiana this 28th day of August, 2003

RECORDED BY THE

~~THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER COVERAGE A~~  
~~POLICY LISTED HEREIN.~~

*Palmer*

BY

*Carl M. M.*

**ACORD. CERTIFICATE OF LIABILITY INSURANCE****PRODUCER**

Adn Risk Services, Inc. of Virginia  
7325 Beaumont Springs Drive  
Suite 300  
Richmond VA 23225 USA

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY  
AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS  
CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE  
COVERAGE AFFORDED BY THE POLICIES BELOW.

PHONE (804) 560-2230

FAX (804) 560-2288

**INSURED**

OLD DOMINION FREIGHT LINE, INC  
500 OLD DOMINION WAY  
THOMASVILLE NC 27360 USA

**INSURERS AFFORDING COVERAGE**

INSURER A: Hartford Fire Insurance Co.

INSURER B:

INSURER C:

INSURER D:

INSURER E:

**COVERAGES** This Certificate is not intended to specify all endorsements, coverages, terms, conditions and exclusions of the policies shown.

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING  
ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY  
PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.  
AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR<br>LTR | TYPE OF INSURANCE  | POLICY NUMBER             | POLICY EFFECTIVE<br>DATE(MM/DD/YY) | POLICY EXPIRATION<br>DATE(MM/DD/YY) | LIMITS                                  |
|-------------|--|---------------------------|------------------------------------|-------------------------------------|---|
|             | <b>GENERAL LIABILITY</b>   |                           |                                    |                                     | EACH OCCURRENCE                         |
|             | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY  |                           |                                    |                                     | FIRE DAMAGES (Any one fire)             |
|             | <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  |                           |                                    |                                     | MED EXP (Any one person)                |
|             |  |                           |                                    |                                     | PERSONAL & ADV INJURY                   |
|             |  |                           |                                    |                                     | GENERAL AGGREGATE                       |
|             |  |                           |                                    |                                     | PRODUCTS - COMBOP AGG                   |
|             | GENTL AGGREGATE LIMIT APPLIES PER:   |                           |                                    |                                     |   |
|             | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> TECT <input type="checkbox"/> LOC |                           |                                    |                                     |   |
|             | <b>AUTOMOBILE LIABILITY</b>  |                           |                                    |                                     | COMBINED SINGLE LIMIT<br>(Per accident) |
|             | <input type="checkbox"/> ANY AUTO  |                           |                                    |                                     | BODILY INJURY<br>(Per person)           |
|             | <input type="checkbox"/> ALL OWNED AUTOS   |                           |                                    |                                     | BODILY INJURY<br>(Per accident)         |
|             | <input type="checkbox"/> SCHEDULED AUTOS   |                           |                                    |                                     | PROPERTY DAMAGE<br>(Per accident)       |
|             | <input type="checkbox"/> HIRED AUTOS   |                           |                                    |                                     |   |
|             | <input type="checkbox"/> NON OWNED AUTOS   |                           |                                    |                                     |   |
|             | <b>GARAGE LIABILITY</b>  |                           |                                    |                                     | AUTO ONLY - EA ACCIDENT                 |
|             | <input type="checkbox"/> ANY AUTO  |                           |                                    |                                     | OTHER THAN EA ACC                       |
|             |  |                           |                                    |                                     | AUTO ONLY AGG                           |
|             | <b>EXCESS LIABILITY</b>  |                           |                                    |                                     | EACH OCCURRENCE                         |
|             | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  |                           |                                    |                                     | AGGREGATE                               |
|             | <input type="checkbox"/> DEDUCTIBLE  |                           |                                    |                                     |   |
|             | <input type="checkbox"/> RETENTION   |                           |                                    |                                     |   |
|             | <b>WORKERS COMPENSATION AND<br/>EMPLOYERS' LIABILITY</b>   |                           |                                    |                                     | WC STATU-<br>TORY LIMITS                |
|             |  |                           |                                    |                                     | OTH-<br>ER                              |
|             |  |                           |                                    |                                     | E.L. EACH ACCIDENT                      |
|             |  |                           |                                    |                                     | E.L. DISEASE-POLICY LIMIT               |
|             |  |                           |                                    |                                     | E.L. DISEASE-EA EMPLOYEE                |
| A           | <b>OTHER</b>   | 14UUMUA0380               | 04/01/03                           | 04/01/04                            | Single Conveyance \$1,000,00            |
|             | <input checked="" type="checkbox"/> Mtr Truck Cargo  | MTC & Commercial Property |                                    |                                     | Deductible \$100,00                     |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CANCELLATION PROVISION SHOWN BELOW IS SUBJECT TO SHORTER TIME PERIODS DEPENDING ON THE JURISDICTION OF, AND REASON  
FOR, THE CANCELLATION.

**CERTIFICATE CANCELLATION**

USDOEX Oak Ridge National Laboratory  
National Transportation Research Center  
2360 Cherahala Blvd.  
Knoxville TN 37931 USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION  
DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL  
30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.  
BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY  
OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

Adn Risk Services, Inc. of Virginia

ACORD 25-S (7/97)

Certificate No.:

570007254047

Holder Identifier:

ACORD CORPORATION

08/28/03

**ACORD - CERTIFICATE OF LIABILITY INSURANCE**

PRODUCER  
Aon Risk Services, Inc. of Virginia  
7325 Beaufont Springs Drive  
Suite 300  
Richmond VA 23225 USA

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PHONE: (804) 560-2230

FAX: (804) 560-2288

## INSURED

OLD DOMINION FREIGHT LINE, INC  
500 OLD DOMINION WAY  
THOMASVILLE NC 27360 USA

## INSURERS AFFORDING COVERAGE

INSURER A: Insurance Company of the State of PA

INSURER B: American Home Assurance Co.

INSURER C:

INSURER D:

INSURER E:

COVERAGES: This Certificate is intended to provide all endorsements, coverages, terms, conditions, and exclusions of the policies shown. **SIR MAY APPLY**

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| INSR LTR | TYPE OF INSURANCE  | POLICY NUMBER                             | POLICY EFFECTIVE DATE(MM/DD/YY) | POLICY EXPIRATION DATE(MM/DD/YY) | LIMITS                               |             |
|----------|--|---|---------------------------------|----------------------------------|--------------------------------------|-------------|
|          | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |   |                                 |                                  | EACH OCCURRENCE                      |             |
|          |  |   |                                 |                                  | PROP. DAMAGE (Any one fire)          |             |
|          |  |   |                                 |                                  | AGG. EXP. (Any one person)           |             |
|          |  |   |                                 |                                  | PERSONAL & ADV. INJURY               |             |
|          |  |   |                                 |                                  | GENERAL AGGREGATE                    |             |
|          |  |   |                                 |                                  | PRODUCTS - COMPOF AGO                |             |
|          |  |   |                                 |                                  |                                      |             |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON OWNED AUTOS   |   |                                 |                                  | COMBINED SINGLE LIMIT (Per accident) |             |
|          |  |   |                                 |                                  | BODILY INJURY (Per person)           |             |
|          |  |   |                                 |                                  | BODILY INJURY (Per accident)         |             |
|          |  |   |                                 |                                  | PROPERTY DAMAGE (Per accident)       |             |
|          | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO   |   |                                 |                                  | AUTO ONLY - EA ACCIDENT              |             |
|          |  |   |                                 |                                  | OTHER THAN AUTO ONLY: EA ACC         |             |
|          |  |   |                                 |                                  | AGG.                                 |             |
|          | <b>EXCESS LIABILITY</b><br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><br><input type="checkbox"/> DEDUCTIBLE<br><input type="checkbox"/> RETENTION  |   |                                 |                                  | EACH OCCURRENCE                      |             |
|          |  |   |                                 |                                  | AGGREGATE                            |             |
|          |  |   |                                 |                                  |                                      |             |
|          |  |   |                                 |                                  |                                      |             |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>   | 3715198<br>WORKERS COMPENSATION (All Sta  | 03/30/03                        | 03/30/04                         | X WC STATUTORY LIMITS                | OTH-PR      |
|          |  |   |                                 |                                  | E.L. EACH ACCIDENT                   | \$1,000,000 |
|          |  |   |                                 |                                  | E.L. DISEASE-POLICY LIMIT            | \$1,000,000 |
|          |  |   |                                 |                                  | E.L. DISEASE-EA EMPLOYEE             | \$1,000,000 |
| B        | <b>OTHER</b><br><input checked="" type="checkbox"/> EXCESS WC  | XWC3715197<br>EXCESS WORKERS COMPENSATION | 03/30/03                        | 03/30/04                         | E.L. Each Accident                   | \$1,000,000 |
|          |  |   |                                 |                                  | E.L. Disease - Policy                | \$1,000,000 |
|          |  |   |                                 |                                  | E.L. Disease - Ea Emp1               | \$1,000,000 |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/WORKING CONDITIONS/TYPE OF BUSINESS/OTHER INFORMATION:

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Knoxville TN 37931 USA

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AUTHORIZED REPRESENTATIVE

Aon Risk Services, Inc. of Virginia

ACORD 25 (7/97)

ACORD CORPORATION 198

Certificate No:

570007754055

Holder Identifier:

TOTAL P.03

3018567285

97%

P.03